

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/14/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445111	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED  07/12/2011
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NAME OF PROVIDER OR SUPPLIER

HEALTH CENTER AT STANDIFER PLACE, THE

STREET ADDRESS, CITY, STATE, ZIP CODE

2626 WALKER RD

CHATTANOOGA, TN 37421

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 067 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure the proper air flow is maintained throughout the building. The findings include: Observation on July 11, 2011 at 10:20 a.m. revealed the janitor closet in the kitchen has no working exhaust fan. Observation on July 11, 2011 at 10:35 a.m. revealed the clean linen storage room on C-wing has no positive air flow. Observation on July 11, 2011 at 1:45 p.m. revealed the clean linen storage room in the North wing break room has no positive air flow.</p>	K 067	<p>Tag: K067</p> <ol style="list-style-type: none"> <li>Facility will have duct work reworked to provide positive air flow in the clean linen closet on North Wing.</li> <li>Facility will inspect clean linen room air flows to ensure proper functioning and identify any additional corrections to be made.</li> <li>Maintenance staff will be inserviced to ensure understanding of where and how to check airflow and how to fix. Inservice will be conducted by Maintenance Director.</li> <li>Facility will continue to monitor positive/negative air flow in linen rooms through routine inspections on a quarterly basis.</li> </ol>	08/20/11 08/20/11 07/31/11 8/20/11
K 147 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure electrical wiring is installed in accordance with NFPA 70. The findings include: Observation on July 17, 2011 at 10:30 a.m. revealed one (1) electrical junction box above the</p>	K 147		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 147	Continued From page 1 ceiling in the kitchen electrical room with no protective cover installed. Observation on July 17, 2011 at 11:00 a.m. revealed one (1) electrical junction box above the ceiling at the fire doors on C-wing with no protective cover installed.	K 147	<u>Tag: K147</u>  1. Maintenance Department installed protective cover of the electrical junction box above ceiling at fire doors on C wing.  2. Maintenance department and all contractors will be instructed that protective covers are to be in place on all junction boxes at all times.  3. Maintenance department and all contractors will be instructed that protective covers are to be in place on all junction boxes at all times. Instructions will be provided by the Maintenance Director.  4. Maintenance staff will conduct visual inspections of work performed by 8/20/11 and will continue to monitor as needed.	07/12/11   08/20/11   7/31/11   8/20/11

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NAME OF PROVIDER OR SUPPLIER  HEALTH CENTER AT STANDIFER PLACE, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 2626 WALKER RD CHATTANOOGA, TN 37421		
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K 062 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure when existing light hazard systems are converted to use quick-response or residential sprinklers, all sprinklers in a compartmented space shall be changed.(NFPA 13, 5-3.1.5.2)</p> <p>The findings include: Observation and interview with the Director of Operations in the first floor dining room on July 11, 2011 at 2:30 pm. confirmed three (3) sprinkler heads were quick response heads and 22 standard response heads.</p>	K 062	<p><u>Tag: K062</u></p> <ol style="list-style-type: none"> <li>Maintenance Department will replace the 3 quick response sprinkler heads with standard response. 08/20/11</li> <li>Maintenance staff will inspect all sprinkler systems to ensure heads are matching in each sprinkled compartment. 08/20/11</li> <li>Maintenance staff will be inserviced on identifying and reporting sprinkler system needs to ensure proper operation. Inservice will be conducted by Maintenance Director. 07/31/11</li> <li>Maintenance staff will inspect sprinkler system and will continue to monitor as needed to ensure proper functioning. 8/20/11</li> </ol>		
K 071 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Rubbish Chutes, Incinerators and Laundry Chutes:</p> <p>(1) Any existing linen and trash chute, including pneumatic rubbish and linen systems, that opens directly onto any corridor is sealed by fire resistive construction to prevent further use or is provided with a fire door assembly having a fire protection rating of 1 hour. All new chutes comply with section 9.5.</p> <p>(2) Any rubbish chute or linen chute, including pneumatic rubbish and linen systems, is provided with automatic extinguishing protection in</p>	K 071			

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K 071	Continued From page 1 accordance with 9.7.  (3) Any trash chute discharges into a trash collection room used for no other purpose and protected in accordance with 8.4.  (4) Existing flue-fed incinerators are sealed by fire resistive construction to prevent further use. 19.5.4, 9.5, 8.4, NFPA 82  This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure trash chute doors were maintained. The findings include: Observation and interview with the Director of Operation, on July 11, 2011 at 1:55 p.m. confirmed the basement trash chute sliding fire door was tie wrapped and wired open.	K 071	<u>Tag: K071</u>  1. On 7/12/11, Maintenance staff installed automatic closers on the laundry chute on the 1 <sup>st</sup> , 2 <sup>nd</sup> , and 3 <sup>rd</sup> floor openings. The basement trash chute sliding fire door will be repaired/replaced.  2. Maintenance staff will inspect laundry chute on a regular basis to ensure proper functioning and use.  3. Facility will inservice laundry, maintenance, and nursing staff on proper use of laundry chute, keeping doors closed, and keeping sliding fire chute functional. Inservice will be conducted by Maintenance Director and Director of Laundry Services.  4. Maintenance staff will inspect laundry chute on a regular basis to ensure proper functioning and use. Inspections will be conducted quarterly as needed.	08/20/11   8/20/11  8/20/11  8/20/11